

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

(1) Hugh Winkles

Name

2008 OCT 3 AM 9 48

(2) 5604 Nicklaus LN

Address (number and street)

MILTON, FL 32570

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought):

Santa Rosa County School Board Member Dist 2

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

☐ Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 09 / 13 / 2008 To 09 / 26 / 2008 Report Type G2

☐ Original

☐ Amendment

☐ Special Election Report

☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ , _____ , 50 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 50 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) EXPENDITURES THIS REPORT

Monetary

Expenditures \$ _____ , _____ , 5 . 00

Transfers to Office

Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 5 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 12 , 150 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 11 , 402 . 16

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Hugh Winkles

☐ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

☒ Hugh Winkles

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Hugh Winkles

☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

☒ Hugh Winkles

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Hugh Winkles (2) I.D. Number _____
 (3) Cover Period 09 / 13 / 2008 through 09 / 26 / 2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
09/19/08	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST MILTON, FL 32570	Voter CD	Cash		5.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Hugh Winkles (2) I.D. Number _____

(3) Cover Period 09 / 13 / 2008 through 09 / 26 / 2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
09, 25, 08	Joyce McCORNEY I		CHE			50.00
1	PO Box 4466 Mt. Hope, FL 32572					
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